

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**Office of Clinical Standards and Quality  
Quality Improvement Group**

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**QIP TOPS CONTROL NUMBER: QIO 2004 -13**

**DATE:** December 2, 2004

**FROM:** Director  
Quality Improvement Group  
Office of Clinical Standards and Quality

**SUBJECT:** PN 7 Influenza Vaccination Performance Measurement and the  
Vaccine Shortage

**TO:** Associate Regional Administrators, DSCQ  
Regions I, VI, VII, IX  
Chief Executive Officers, All QIOs

**Contract language/citation:**

Section C.3.D.3 Task 1c – Hospital Quality Improvement

**Policy Clarification:**

Recently, Chiron Corporation officials announced that their influenza vaccine product, Fluvirin, would not be shipped to any of their customers this year. For the United States, the impact of this action has resulted in the loss of 46 to 48 million doses of the flu vaccine, almost half of the US supply. The influenza vaccine shortage is expected to affect the ability of hospitals to vaccinate inpatients during the 2004-2005 flu season. The shortage has also prompted hospital officials to raise questions concerning whether CMS and JCAHO will continue to collect and publish hospital performance data reflecting rates of vaccination for influenza.

Despite the shortage of vaccine, CMS and JCAHO will continue to have hospitals collect and transmit performance data for the JCAHO/CMS Hospital Quality Measure PN 7, Influenza Vaccination. Realizing that the vast majority of inpatients will fall into one of the high-risk categories that the CDC has designated, we hope most inpatients will still

receive the vaccine. Hospitals should follow the guidelines on this matter and provide the influenza vaccination as recommended by the CDC. The CDC recommendations concerning influenza vaccination are limited to influenza and do not apply to pneumococcal vaccination. While the reduced amount of available influenza vaccine is a constraint, this year, as in years prior, the overall goal is to target influenza vaccine to those who need it most.

When vaccine is not available, the record abstraction for PN 7 Influenza Vaccination, may be problematic as “unavailability” is not one of the allowable values (choices) included in the data collection tools. Unfortunately, time does not allow for the necessary modification of CART and vendor tools to address this vaccine shortage. CMS and JCAHO have worked together to coordinate specific abstraction instructions regarding the *Influenza Vaccination Status* question as follows:

If there is no vaccine available, the response, “None of the above/Not documented/UTD” should be selected. This selection will result in the case not being captured in the measure numerator.

Data resulting from PN 7 will not be used for public reporting on either JCAHO’s Quality Check or CMS’ Hospital Compare websites for the 2004-2005 flu season data collection period including 4<sup>th</sup> Quarter ’04 and 1<sup>st</sup> Quarter ’05 discharges. Data resulting from PN7 will also not be used to determine pay-for-performance incentive payments for the second year of the Hospital Quality Incentive Demonstration. Data will, however, continue to be used in QIO quality improvement activities, although it will not impact 7<sup>th</sup> SOW QIO evaluation. It should be noted that PN7 is not one of the 10 measures that prospective payment hospitals must report if they wish to receive a full annual payment update.

We understand that the data generated from PN 7 for this flu season will most likely not be reflective of common practice processes. However, we believe that it is critical to continue to monitor the measure in the face of the shortage, and to support the overall clinical processes identified by the set of pneumonia measures. By continuing to collect the data and assessing instances where hospitals report “None of the above/Not documented/UTD” for those not vaccinated due to the shortage, we hope to compare this season’s rates with the last and thereby evaluate both the impact of the vaccine shortage and our national response on the quality of care.

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